(Print Name of lobbyist)

PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 24 2017

NEW HAMPSHIRE

I. Name of Lobbyist(s)	James Demer	rs, Robert Bla	isdell, Tom Pras	ol DEPARTMENT	OF STATE
II. Name of lobbyist's par	rtnership, firm or c	orporation, if ar	ıy:		
Demers, Blaisde	ell & Prasol, Inc				
(Name of	partnership, firm or co	orporation)			
72 North Main St. 9	Suite 301	Concord	NH	03301	
Business Address: (Street)		(Town/City)	(State	(Zip Code)	
603 228.1498	( )	1	<sub>e-mail</sub> ja	nes.demers@demers	-blaisdell.co
(Telephone)	` ,	(Fax)	<u> </u>		
reportable expense transa	actions which are n	ot attributable t	o any one client).	you may file a separate repair ive to the following client:	port for
OR  ☐ All reportable transaction	ons by the lobbyist (i		obyist Registration Form	lobbying firm listed below w	hich are
unrelated to any particular	chent.				
Reports cover: activity fro	oril 26, 2017 🔲 om date of registration	n to 3/31/17	July 26, 2017 activity from 4/1/17 to		
	ctober 25, 2017 🙇 ity from 7/1/17 to 9/36	)/1 <i>7</i>	January 31, 2 <i>activity from 10/1/17</i>		
V. There have been no If this box is checked, comp Concord, NH 03301.				since the last report.   Office, State House, Room 20	-
/I. Check if additional re	ports are attached:	•			
If you have received fe	-		le <b>Addendum A</b> – Fee	es and Expenses	
				n B- Report of Honorariums	or
If you, your firm, or yo	our family has made	political contribu	tions, you must file A	ddendum C- Political Contr	ributions
Sworn Statement/Affirma I have read RSA 15, RSA 1 and complete to the best of	5-B, RSA 14-C and			hat the foregoing information	ı is true
(Signature of lobbyist)	Enew		10/1	3/17 (Date)	
1	DOMON		,	(Date)	

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## STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

OCT 24 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) James Demers, Robert Blaisdell, Tom I	Prasol
II. Name of lobbyist's partnership, firm or corporation, if any:	
Demers, Blaisdell & Prasol, Inc	
(Name of partnership, firm or corporation)	1 /
III. Name of Client TUFTS HEAITH FREEDOM PLAN INSURANCE	Co Date 10/13/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$
<ul> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)</li> <li>c) Total of all fees received to date</li> </ul>	b) \$ 25/000 · 50
c) Total of all fees received to date (Add lines a and b)	c)\$_37,500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for le of greater than \$25, purchase of a ler than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
·	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  James M. Demen	10/13/17
(Signature of lobbyist)	(Date)
James M. Demen	
(Print Name of lobbyist)	